Rhode Island SIM Behavioral Health Measures Work Group
Meeting Summary
July 25, 2016

Summary of Decisions

- The group decided that it wanted to focus on measures for the full array of behavioral health outpatient provider types. The group acknowledged that given the range of providers it would be important to identify which type of ambulatory provider was relevant for each measure.
- The group agreed to identify measures worthy of inclusion on its first pass through, and to then determine during a second stage review which measures should be core measures.
- The group agreed to use the same set of criteria for measure selection as was previously adopted and used by the SIM Measure Alignment Work Group. Michael suggested that members print out the PowerPoint slides containing the 14 criteria and have them in hand when discussing and considering each of the candidate measures.
- For the next meeting Michael will provide information on RI baseline performance and national benchmarks for the measures under consideration, to the extent they are available.

Summary of Next Steps for Meeting #2 on 8-16-16

1. Michael will provide the work group members with the following materials: PowerPoint presentation utilized during the meeting, ACO, hospital and primary care measure sets previously endorsed by the SIM Measure Alignment Work Group, complete measure library and meeting summary. [*Cory King distributed the presentation and endorsed measure sets after the meeting on 7-25-16.*]
2. Bailit will provide RI performance and national benchmarks for the HEDIS Mental Health and Substance Abuse measures under consideration.
3. At the next meeting, the work group will revisit the measures there were questions about. It will then continue reviewing measures.
4. Work group members should provide additional measures for consideration, if there are measures they identify worthy of inclusion, particularly in the areas of integration and coordination, which are not yet in the measure library.

1. Overview of the SIM Grant and Measure Alignment

Michael presented a summary overview of the CMS State Innovation Model (SIM) grant and the related SIM Measure Alignment Work Group. One element of Rhode Island's SIM grant proposal was to develop a multi-payer aligned measure set so that provider contracts containing performance measures utilize an aligned set of measures. The work group completed this task in March 2016 by initially developing three (3) measure sets: 1) general acute hospital; 2) primary care; and, 3) ACO (inclusive of hospital and primary care).

2. For each of the three measure sets, the SIM Measure Alignment Work Group identified "core" and "menu" measures. The core measures are required to be used in contracts that have provisions for using quality measures for payment. The menu measures comprise a larger set that may be selected for use at the mutual discretion of the provider and payer.

2. Work Group Objectives

Michael explained that the next step is to focus on developing maternity and behavioral health measure sets. Once completed, the focus will turn toward identifying aligned measure sets for long-term services and supports and for other medical specialties (e.g., orthopedics, cardiology). This group will be responsible for developing the behavioral health and substance abuse measure set.

Michael noted that since there are fewer existing insurer value-based contracts for behavioral health care than for primary care, hospitals or ACOs, this group will be less focused on aligning existing measures sets and more focused on developing an aligned measure set.

The group discussed which behavioral health providers it should be considering. The participants agreed that measures should be considered for a broad array of ambulatory behavioral health providers.

Michael noted that the measures in our library are a) mostly ambulatory focused and b) include both mental health and substance abuse measures. The group agreed that these measures may need to be supplemented by measures that address the integration of the inpatient and outpatient care and other coordination-type measures. It was noted that there may be some non-measure metrics that could easily track and/or flag coordination.

The group agreed to not disturb the existing hospital measures that were just agreed upon in March.

The draft set of mental health and substance abuse measures resulting from this work group process will be recommended to the SIM Steering Committee.

3. Work Group Process for Measure Adoption

Michael described that over the course of four meetings the work group would review and discuss the merits of including the measures identified in the measure library for the measure set.

The work group members agreed to use the same process (general consensus) for measure adoption during the first review of the measures. They agreed to conduct formal voting at the end of the review process. Every organization will receive one vote during official voting.

There are four (4) meetings scheduled for this work, although, Michael noted that the complicated nature of behavioral health and substance abuse measurement, we may need additional meetings.

4. Criteria for Measure Selection

Michael proposed, and the group agreed, to using the same criteria used by SIM Measure Alignment Work Group rather than developing a new set of criteria. The group agreed that it was comfortable retaining the current set of criteria. The adopted criteria are listed below.

Criteria specific to individual measures

- Evidence-based and scientifically acceptable
- Has a relevant benchmark (use regional/community benchmark, as appropriate)
- Not greatly influenced by patient case mix
- Consistent with the goals of the program
- Useable and relevant
- Feasible to collect
- Aligned with other measure sets
- Promotes increased value
- Present an opportunity for quality improvement
- Transformative potential
- Sufficient denominator size

Criteria specific to the measure set

- Representative of the array of services provided by the program
- Representative of the diversity of patients served by the program
- Not unreasonably burdensome to payers or providers

The work group further agreed to stratify measures first by mental health or substance use treatment, and then organize each measure into one of the following eight (8) domains to facilitate the conversation.

1. Screening
2. Care Transitions, Coordination and Follow-Up
3. Outcomes
4. Physical Health Comorbidity
5. Medication Management
6. Utilization & Cost
7. Engagement
8. Other

5. Review Crosswalk of Current Measure Sets

Michael reviewed the criteria used to select measures to present to the work group. Measures were selected if they were: a) included in the SIM aligned measure set, b) used by BHDDH, c) included in the BCBSRI measure set, or c) recommended by UnitedHealthcare or Tufts. He noted that the current list of measures for consideration represented what Bailit Health received and recognized that there may be important aspects of care not captured by the measures. He asked work group members to consider what measures would provide the opportunity to transform care and propel improved performance.

Michael noted physical health measures stratified by specific behavioral health patient populations were not currently included, but could be if the group felt important to do so. It was noted that the current library was not specifically stratified by adult/pediatric, as several of the measures had age ranges that crossed both populations (e.g., 12 + yrs or 6+ yrs).

The following table summarizes the measures reviewed and decisions made, with a summary of the discussion and rationale behind the decision.

NQF #	Measure Name	Decision	Discussion/Rationale
0418	Screening for Clinical Depression and Follow-Up Plan (PQRS #134)	No	• Follow-up is difficult to track/document
0576	Follow-Up After Hospitalization for Mental Illness (FUH) PQRS #391	Yes (menu) for all ambulatory providers	• Commonly used measure • Concern was raised re: 'How do you hold an ambulatory provider responsible for a patient who has been discharged from hospital?' The group discussed the potential need for an attribution method. • The group reached consensus that they 'Like' the measure but some ?'s remain re: how best to operationalize it, and these would be left to providers and payers to define for specific contractual applications of the measure.
2605	Follow-up after Discharge from the Emergency Department for Mental Health (FUM) or Alcohol or Other Drug Dependence (FUA)	Yes (menu measure)	• Currently in use • Existing national benchmarks • Some concern raised about age categories (should include populations <18 yrs of age) • Some debate/discussion that measure works better at an ACO level and it is not appropriate to hold ambulatory MH provider responsible for this measure

NQF #	Measure Name	Decision	Discussion/Rationale
			• Some debate/discussion for making a menu measure because there are some contractual relationships that support this type of measure
NA	Follow-Up After Emergency Department Visit for Mental Illness. (FUM) – *new 2017 measure*		• New HEDIS measure for 2017 • Age range starts at is 6 yrs old, which addresses concern of previous measure
0557	Post-discharge continuing care plan created (HBIPS-6)	No	• Measure is applicable for a hospital, but not for an ambulatory care provider
0558	Post-discharge continuing care plan transmitted to the next level of care provider upon discharge (HBIPS-7)	No	• Measure is applicable for a hospital, but not for an ambulatory care provider
NA	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults		• Work group to review specifications during 8-16-16 meeting.
NA	Depression Response - *new 2017 measure*		• Work group to review specifications during 8-16-16 meeting.
NA	Depression Remission - *new 2017 measure*		• Work group to review specifications during 8-16-16 meeting.

Next Meeting: Tuesday August 16, 2016, 9:30-11:00am